

Mathematics and Science Partnership Grant Application Cover Sheet

| | |
|--|------|
| Name of Lead Agency or LEA: | |
| Mailing Address: | |
| Lead Agency Representative: | |
| Title: | |
| Phone: | Fax: |
| Email address: | |
| Project Director: | |
| Title: | |
| Phone: | Fax: |
| Email address: | |
| Fiscal Agent for Project: | |
| Tax Identification Number of Fiscal Agent: | |

Authorized Representative Signature: I hereby certify that all data in this application are true and correct. The document has been duly authorized by the governing body of the applicant. The applicant will comply with the attached assurances if assistance is rewarded.

| | | |
|--|---------------------------------------|------|
| Authorized Representative's Printed Name | Authorized Representative's Signature | Date |
|--|---------------------------------------|------|

For State Use Only:

Approval of this plan/amendment is granted under the provisions of Public Law 107-110, provided the funds as allotted are expended only in accordance with the rules and regulations of the Department of Education and that should and audit disclose that such funds have not been so expended and restitution of such funds is required by the Department of Education, such restitution shall be made by the local education agency.

DEPARTMENT OF EDUCATION Authorizing Individual

Date

| | | |
|---|--|--|
| Funding Request Calculation | | List name of participating school districts with number of elementary buildings in project. |
| Grant Funds Requested | | |
| In-Kind Matching Contributions (opt) | | |
| Grand Total | | |
| Number of Public School Teachers Participating | | |
| Number of Non-Public School Teachers Participating | | |
| Number of Public School Principals Participating | | |
| Number of Non-Public School Principals Participating | | |
| Number of Districts Participating | | |
| Number of Elementary Buildings Participating | | |
| Types of Partners: | | |
| Please check all that apply to this application | | |
| Required | | |
| <input type="checkbox"/> High-need South Dakota School District | | |
| <input type="checkbox"/> Educational Service Agency, Cooperative, or School District with a student population of 10,000 or greater | | |
| Optional | | |
| <input type="checkbox"/> Additional high-need South Dakota School Districts | | |
| <input type="checkbox"/> Additional South Dakota School Districts that are not high-need | | |
| <input type="checkbox"/> Other Educational Service Agency or Cooperative | | |